



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: [unclear] Director of D.S.M., P.H.D.

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 2/6/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville	TIME OF INSPECTION 1430
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters _____ LOT # AG305102 _____ EXP. DATE 02/20/2025 _____
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____
- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
 - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
 - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .103	TEST 2 → .103	TEST 3 → .102
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- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE  #563	PRINT NAME Det. Cpl. James N. Rew #563
TYPE II PERMIT NUMBER/EXPIRATION DATE 220231 09/09/2024	TELEPHONE NUMBER (816) 380-5200

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00736

Temp Date Time ^{g/}210L

Air Blank:
02/06/24 14:37 .000
Calibration Check:
19 02/06/24 14:37 .103

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

Rev 563 220231 9/9/24

Location

2501 W. Melrose

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00737

Temp Date Time ^{g/}210L

Air Blank:
02/06/24 14:39 .000
Calibration Check:
20 02/06/24 14:39 .103

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

Rev 563 220231 9/9/24

Location

2501 W. Melrose

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00738

Temp Date Time ^{g/}210L

Air Blank:
02/06/24 14:42 .000
Calibration Check:
21 02/06/24 14:42 .102

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

Rev 563 220231 9/9/24

Location

2501 W. Melrose

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00739

Temp Date Time ^{g/}210L

VOID: RFI
12 02/06/24 14:44

Subject Name

Test RFI
Subject I.D.

Operator Name, I.D.

Rev 563 220231 9/9/24

Location

2501 W. Melrose

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00740

Temp Date Time ^{g/}210L

Air Blank:
02/06/24 14:45 .000
Subject Test: Auto
21 02/06/24 14:45 .000

Subject Name

Test Blank
Subject I.D.

Operator Name, I.D.

Rev 563 220231 9/9/24

Location

2501 W. Melrose



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
JAMES N. REW

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/9/2022

NUMBER 220231

EXPIRES 9/9/2024

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES